

**PART B - ISSUE FEE (S) TRANSMITTAL**

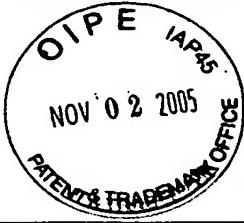
**Complete and mail this form, together with applicable fees, to:**

**Box ISSUE FEE**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1)

REED SMITH LLP  
 SUITE 1400  
 3110 FAIRVIEW PARK DRIVE  
 FALLS CHURCH, VA 22042



Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate

**Certificate of Mailing**

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box Issue Fee address on the date indicated below..

(Depositor's name)

(Signature)

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,591	02/10/2004	Kenichi Miyamoto	HITA.0515	9454

**TITLE OF INVENTION: DISK ARRAY DEVICE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/23/2005

EXAMINER	ART UNIT	CLASS - SUBCLASS
BROUSSARD, COREY M	2835	361-687000

- |  |   |  |
|--|---|--|
| <p>1. Change of correspondence address or indication of <input type="checkbox"/>Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.</p> | <p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed</p> | <p>1. <u>Reed Smith LLP</u></p> <p>2. <u>Stanley P. Fisher, Esq.</u></p> <p>3. <u>Juan Carlos A. Marquez, Esq.</u></p> |
|--|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**HITACHI, LTD.**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual     Corporation or private group entity     government

4a. The following fees are enclosed:

- Issue fee  
 Publication Fee  
 Advance Order - # of Copies: 3

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.

- The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date) November 2, 2005

Stanley P. Fisher Reg. No.: 24,344

Juan C.A. Marquez Reg. No. 34,072

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered patent attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

11/03/2005 MBYEENE2 00000163 10774591

01 FC:1501	1400.00	OP
02 FC:1504	300.00	OP
03 FC:0001	9.23	OP

TRANSMIT THIS FORM WITH FEE(S)

Page 2 of 3

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTOL-85 (Rev.07-01) Approved for use through 01/31/2004. OMB 0651-0033